



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**
KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 437
LOS ANGELES, CA 90012



MARK J. SALADINO
TREASURER AND TAX COLLECTOR

January 19, 2010

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

21 JANUARY 19, 2010

Sachi A. Hamai
SACHI A. HAMAI
EXECUTIVE OFFICER

Dear Supervisors:

**DEPARTMENT OF TREASURER AND TAX COLLECTOR:
REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT
(ALL DISTRICTS AFFECTED)
(3 VOTES)**

SUBJECT

Individuals who were injured in a third party compensatory accident received medical care at a County facility. The Treasurer and Tax Collector entered into negotiations with the liable parties and reached a settlement agreement.

IT IS RECOMMENDED THAT YOUR BOARD:

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

Account Number 10877436 in amount of \$ 3,665.29
Account Number 11196072 in amount of \$ 3,547.18
Account Number 11713754 in amount of \$ 4,899.00
Account Number 11267427 in amount of \$ 7,927.18

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

The best interest of the County would be served by the approval of this recommendation and the

County Counsel concurs. The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

Implementation of Strategic Plan Goals

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Responsibility in pursuing collection of charges owed for County services.

FISCAL IMPACT/FINANCING

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

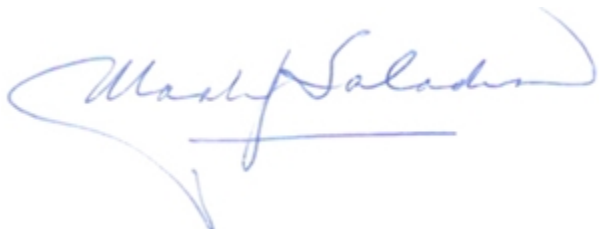
FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Not Applicable

IMPACT ON CURRENT SERVICES (OR PROJECTS)

No Impact

Respectfully submitted,

A handwritten signature in blue ink, reading "Mark J. Saladino". The signature is fluid and cursive, with a horizontal line drawn underneath the name.

MARK J. SALADINO
Treasurer and Tax Collector

MJS:KW:ts

Enclosures

c: Chief Executive Officer
Auditor-Controller
County Counsel

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 107A

Amount of Aid	\$21,703.00	Account Number	10877436
Amount Paid	0.00	Name	Adult Female
Balance Due	21,703.00	Service Date	08/17/04 thru 08/20/04
Compromise Amount Offered	3,665.29	Facility	LAC USC Medical Center
Amount to be Written Off	\$ 18,037.71	Service Type	Inpatient

JUSTIFICATION

The client was involved in a slip and fall accident. She was treated at LAC USC Medical Center at a cost of \$21,703.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$20,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 6,600.00	\$ 6,600.00	33.00%
Attorney Cost	900.00	900.00	4.50%
St. James Medical Center	4,026.63	752.67	3.76%
Atlantic Supply	554.91	554.91	2.77%
Wilshire Open MRI	2,100.00	392.67	1.96%
Bob's Rexall Drugs	506.74	94.67	0.47%
Edwards Stokes, M.D.	2,125.00	397.33	1.99%
Highland Park Health Center	4,970.00	929.32	4.65%
So CA Center for Occupation Ort	1,060.00	400.00	2.00%
LAC USC Medical Center	650.00	325.00	1.63%
County of Los Angeles	21,703.00	3,665.29	18.33%
Net to Client	N/A	4,988.14	24.94%
Total	\$45,196.28	\$20,000.00	100.00%

Our financial investigation reveals that the client supports herself with a marginal income received from Social Security benefits. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 107B

Amount of Aid	\$24,213.00	Account Number	11196072
Amount Paid	0.00	Name	Adult Male
Balance Due	24,213.00	Service Date	06/20/06 thru 06/21/06
Compromise Amount Offered	3,547.18	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$20,665.82	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of \$24,213.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 4,887.56	\$ 4,842.56	32.28%
Attorney Cost	450.96	450.96	3.01%
Los Angeles Fire Department	608.75	91.32	0.61%
Encino Tarzana Medical Center	2,783.40	417.51	2.78%
JJ & R Medical Data	454.00	68.10	0.45%
South Valley Radiology	30.00	4.50	0.03%
Emergency Groups Office	749.00	112.35	0.75%
Harbor UCLA Medical Foundation	2,835.00	425.25	2.84%
Michael Smith, M.D.	1,318.00	197.70	1.32%
County of Los Angeles	24,213.00	3,547.18	23.65%
Net to Client	N/A	4,842.57	32.28%
Total	\$38,329.67	\$15,000.00	100.00%

Our financial investigation reveals that the client is unemployed and receives financial assistance from relatives. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 107C

Amount of Aid	\$47,899.00	Account Number	11713754
Amount Paid	0.00	Name	Adult Male
Balance Due	47,899.00	Service Date	08/19/08 thru 10/03/08
Compromise Amount Offered	4,899.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$43,000.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$47,899.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Cost	0.00	0.00	0.00%
Los Angeles County Fire Department	990.00	790.00	5.27%
County of Los Angeles	47,899.00	4,899.00	32.66%
Net to Client	N/A	4,311.00	28.74%
Total	\$53,889.00	\$15,000.00	100.00%

Our financial investigation reveals that the client is unemployed and receives financial assistance from relatives. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 107D

Amount of Aid	\$45,974.00	Account Number	11267427
Amount Paid	0.00	Name	Adult Male
Balance Due	45,974.00	Service Date	05/19/06 thru 09/20/06
Compromise Amount Offered	7,927.18	Facility	LAC USC Medical Center
Amount to be Written Off	\$38,046.82	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$45,974.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$25,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 9,622.16	\$ 8,135.40	32.54%
Attorney Cost	621.20	621.20	2.48%
Hollywood ER Physician	697.00	109.12	0.44%
Queens Radiology Medical Group	458.00	71.70	0.29%
County of Los Angeles	45,974.00	7,927.18	31.71%
Net to Client	N/A	8,135.40	32.54%
Total	\$57,372.36	\$25,000.00	100.00%

Our financial investigation reveals that the client supports himself with a minimal income. He has no other source of income or tangible assets.